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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14771 (2)

1. Corporation Name  
THE ALTERNATIVE PROGRAMS, INC.



Principal Place of Business: 151 N.W. 60TH STREET, PO BOX 510266, MIAMI FL 33127, US  
Mailing Address: P O BOX 510266, PO BOX 510266, MIAMI FL 33151-0266, US

3. Date Incorporated or Qualified: 05/06/1986  
3a. Date of Last Report: 03/22/1996  
4. FEI Number: 59-2690657  
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
AYERS, GEORGIA JONES  
2475 NW 111TH STREET  
MIAMI FL 33167

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
PD RANGE, M ATHALIE  
TD ABBOTT, DALTON  
SD REED, KAYE  
VD ELLIS, GEORGE  
D ARMSBRISTER, VASHTI  
D ODEN, WALTER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  
1.2 NAME EL-AMIN, RASHAD  
1.3 STREET ADDRESS 4300 S.W. 92dn AVENUE  
1.4 CITY-ST-ZIP DAVIE FL. 33328

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Athalie Range N. ATHALIE RANGE 118/97 (305)691-4343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033864

CR2E037 (9/96)